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| IF REQUIRED, I GRANTED ** 06 | | IGN FILING LICENSE | E | | | | | | |
| Foreign Priority claimed yes to no 35 USC 119 (a-d) conditions yes one no Met after met Allowance Verified and Acknowledged Examiner's Signature Initials | | | STATE OR COUNTRY WA | | | TOTA CLAII 41 | MS | INDEPENDENT CLAIMS 4 | |
| ADDRESS 34431 | | | *************** | *************************************** | ************* | *************************************** | ***************** | ********** | |
| TITLE Methods and app | oaratu | us to enable code-base | ed bus p | erformance ar | nalysis | | | *************************************** | |
| RECEIVED | E FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following: | | | | | ☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other ☐ Credit | | | |